Prevention in Schools and Communities: Taking Advances in Prevention Science to Scale

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History of Delinquency Prevention in the U.S.

• Before 1980, nine experimental tests of delinquency prevention programs were conducted in the U.S.
How Many Prevented Delinquency?

• 9
• 7
• 5
• 3
• 1
• 0

(Berleman, 1980)
Early Drug Abuse Prevention Findings

• Tested approaches were largely ineffective (Elmquist, 1995; Hanson, 1992; Moskowitz, 1989).

• Drug information programs increased drug use in some studies (Tobler, 1986).
Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities

A summary of the progress of prevention science
The Premise of Prevention
Science

To prevent a problem before it happens, the factors that predict the problem must be changed.
Two Major Advances in Prevention Science

- Identification of predictors of problem behaviors as targets for preventive intervention.
- Identification of tested and effective preventive policies and programs.
Advances in Prediction

• Longitudinal studies have identified predictors of mental, emotional and behavioral problems.

  Risk factors.

• AND predictors of positive outcomes including avoidance of behavioral health problems-

  Protective factors.
### Risk Factors for Adolescent Problems

#### Community
- Availability of Drugs
- Availability of Firearms
- Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime
- Media Portrayals
- Transitions and Mobility
- Low Neighborhood Attachment and Community Disorganization
- Extreme Economic Deprivation

#### Family
- Family History of the Problem Behavior
- Family Management Problems
- Family Conflict
- Favorable Parental Attitudes and Involvement in the Problem Behavior

#### School
- Academic Failure Beginning in Late Elementary School
- Lack of Commitment to School

#### Individual/Peer
- Early and Persistent Antisocial Behavior
- Alienation and Rebelliousness
- Friends Who Engage in the Problem Behavior
- Favorable Attitudes Toward the Problem Behavior
- Early Initiation of the Problem Behavior
- Constitutional Factors
Protective Factors

- Individual Characteristics
  - High Intelligence
  - Resilient Temperament
  - Competencies and Skills
  - In social domains of family, school, peer group and neighborhood
- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding (connectedness, attachment)
- Clear and Healthy Standards for Behavior
Science Guided Prevention

Prevention interventions should seek both to reduce malleable risks and enhance protection in individuals and environments.

(Coie et al., 1993; Mrazek and Haggerty, 1994; Woolf, 2008; O’Connell, Boat & Warner, 2009)
Second Major Advance in Prevention Science

Preventive interventions addressing shared risk factors for behavioral problems have produced reductions in multiple outcomes, including school dropout, drug use and crime.

(Hawkins et al., 2008; Botvin et al., 2002; Flay et al., 2004; Haggerty et al., 2007; Schweinhart et al., 2005).
Effective Programs and Policies Have Been Identified in a Wide Range of Areas

1. Prenatal & Infancy Programs
2. Early Childhood Education
3. Parent Training
4. After-school Programming
5. Mentoring with Contingent Reinforcement
6. Youth Employment with Education
7. Organizational Change in Schools
8. Classroom Organization, Management, and Instructional Strategies
9. School Behavior Management Strategies
10. Curricula for Social & Emotional Competence Promotion
11. Community & School Policies
12. Community Mobilization

(Hawkins & Catalano, 2004)
Strategies That Do Not Work

- Information only
- Testimonials from recovered addicts
- Scare tactics
- Affective education (e.g., self-esteem building only)
- Alternative programming (e.g., recreation programs without skills training)
Effective Example:
The Seattle Social Development Project-
A Test of the Raising Healthy Children Program

**Description:** Promotes bonding to school and family by increasing youths’ opportunities, skills and recognition for prosocial involvement at school and home.

**Target:** Grades 1-6 (ages 6-12)
The Raising Healthy Children program is guided by the Social Development Model (Hawkins & Weis, 1985; Catalano & Hawkins, 1996).

It is an integrative, life-course developmental theory based in:

- social learning theory
- social control theory
- differential association theory
Individual Characteristics

The Social Development Strategy

The Goal…

Healthy Behaviors

Ensure…

Healthy Beliefs and Clear Standards

Build…

Bonding
– Attachment
– Commitment

By providing…

Opportunities Skills Recognition

Be Aware of…

Individual Characteristics

…for all children and youth

…in families, schools, and peer groups

…to families, schools, and peer groups

…in families, schools, and peer groups
Social development in a parent child interaction

Parent-Child Interaction Coded for Opportunities Involvement Rewards Bonding, etc.
Study Design

- Initiated full intervention and control conditions in 1981 in 8 Seattle elementary schools.
- Expanded in 1985 to 18 Seattle elementary schools to add a late intervention condition, a parent training only condition, and additional control students.
- A quasi-experimental study
  
  - Full treatment (grades 1-6) = 149
  - Late treatment (grades 5-6) = 243
  - Control = 206
  - Parent training only (grades 5-6) = 210
**SSDP:** Gender, Ethnicity & SES

- **Male,** 51%
- **Female,** 49%
- **Not,** 48%
- **Free/Reduced Lunch,** 52%
- **Not, Eligible for free/reduced lunch,** 48%
- **Asian-American,** 22%
- **African-American,** 26%
- **Native-American,** 5%
- **European-American,** 47%

**Poverty:** Eligible for free/reduced lunch (5th, 6th or 7th grades)
SSDP Intervention: Raising Healthy Children

Core components

• *Teacher In-Service Training*
• *Parent Workshops*
• *Child Social, Cognitive and Emotional Skills Training*
SSDP Intervention Component: Teacher In-Service Training

**Proactive classroom management (grades 1-6)**
- Establish consistent classroom expectations and routines at the beginning of the year
- Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction

**Interactive teaching (grades 1-6)**
- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary

**Cooperative learning (grades 1-6)**
- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance
Parent Workshops

Raising Healthy Children (grades 1-2)
- Observe and pinpoint desirable and undesirable child behaviors
- Teach expectations for behaviors
- Provide consistent positive reinforcement for desired behavior
- Provide consistent and moderate consequences for undesired behaviors

Supporting School Success (grades 2-3)
- Initiate conversation with teachers about children’s learning
- Help children develop reading and math skills
- Create a home environment supportive of learning

Guiding Good Choices (grades 5-6)
- Establish a family policy on drug use
- Practice refusal skills with children
- Use self-control skills to reduce family conflict
- Create new opportunities in the family for children to contribute and learn
Child Social, Cognitive and Emotional Skills Training

- Listening
- Following directions
- Social awareness (boundaries, taking perspective of others)
- Sharing and working together
- Manners and civility (please and thank you)
- Compliments and encouragement
- Problem solving
- Emotional regulation (anger control)
- Refusal skills
Longitudinal data have been collected from these youths from 1985 to 2008 (age 33).

Panel retention has been high.
Seattle Social Development Project Effects at Age 12: California Achievement Test Scores

* * p<.05 compared with controls; N = 548 to 551.
Effects of SSDP Intervention on School Bonding from Age 13 to 18

SSDP Intervention Effects Compared to Controls

By age 18 Youths in the Full Intervention had:
- less heavy alcohol use: 25.0% Control vs. 15.4% Full
- less lifetime violence: 59.7% Control vs. 48.3% Full
- less grade repetition: 22.8% Control vs. 14.0% Full
SSDP Intervention Effects Compared to Controls

By age 21, full intervention group had:

- More high school graduates: 81% Control vs. 91% Full
- More attending university: 6% Control vs. 14% Full
- Fewer selling drugs: 13% Control vs. 4% Full
- Fewer with a criminal record: 53% Control vs. 42% Full
The Raising Healthy Children program has had long term effects on mental health outcomes at ages 24 and 27.
Proportion in 3 Conditions Who Met Criteria for General Anxiety Disorder, Major Depressive Episode, or Post Traumatic Stress Disorder diagnosis at ages 24 and 27

<table>
<thead>
<tr>
<th></th>
<th>Age 24</th>
<th>Age 27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>Late</td>
<td>21%</td>
<td>22%</td>
</tr>
<tr>
<td>Full</td>
<td>18%*</td>
<td>15%*</td>
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</table>

*\( p < 0.05 \)
The Raising Healthy Children Program also affected sexual behavior
Intervention Effects Compared to Controls:

Fewer Pregnancies and Births Among Females

Among Females At age 21

**Lifetime Pregnancy**

- **Control**: 56%
- **Full**: 38%

**Lifetime Birth**

- **Control**: 40%
- **Full**: 23%

Grade: 1 2 3 4 5 6 7 8 9 10 11 12

Age: 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27
Effects on sexually transmitted infection onset through age 30.

Sig. effect on STI
Hazard rate, $p < 0.019$

Control

38.8%

26.2%

0%
10%
20%
30%
40%
50%
60%
70%

Cumulative Onset

Age

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Tx

Full Tx
Are there differential intervention effects on STI onset by ethnicity?

Sig. Tx X Ethnicity Interaction on STI onset, p < 0.0401
Investment in Raising Healthy Children
Reduced Costs of Later Problems

An independent cost-benefit analysis estimated the projected benefits resulting from the effects on high school graduation, crime and substance use.

Aos et al. (2011)
Conclusions from SSDP’s Test of Raising Healthy Children

- Increasing opportunities, skills and recognition for ALL children in the elementary grades can put more children on a positive developmental path.

- Parents and teachers trained to use the social development strategy can make a demonstrable difference that lasts into adulthood.

- The social development strategy appears to have greatest effects on those at greatest risk.
Pair and Share

- What have you heard that interested you the most?
- Have you heard anything useful?
- What’s your next question?
Wide Ranging Approaches Have Been Found To Be Effective

( Catalano et al. 2012 The Lancet)

<table>
<thead>
<tr>
<th>Prevention Programs/Policies</th>
<th>Violence</th>
<th>Drug Use</th>
<th>HIV/STI</th>
<th>Unintended Pregnancy</th>
<th>Vehicle Crash Risk</th>
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<th>Mental Health</th>
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<td>4. After-school Recreation</td>
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<td>5. Mentoring with Contingent Reinforcement</td>
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<td>7. Classroom Organization, Management and Instructional Strategies</td>
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<td>8. Classroom Curricula</td>
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Catalano et al. 2012 The Lancet
Wide Ranging Approaches Have Been Found To Be Effective

(Catalano et al., 2012, The Lancet)

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<th>Vehicle Crashes</th>
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<th>Mental Health</th>
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<td>9. Community Based Skills Training/Motivational Interviewing</td>
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<td>10. Cash Transfer for School Fees/Stipend</td>
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<td>11. Multicomponent Positive Youth Development</td>
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<td>12. Policies (eg., MLDA)</td>
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<td>13. Community Mobilization</td>
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<td>14. Medical Intervention</td>
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<td>✔</td>
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<td>15. Law Enforcement</td>
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<td>16. Family Planning Clinic</td>
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</table>
Lists of Rigorously Tested and Effective Youth Violence and Drug Abuse Prevention Programs and Policies

- Blueprints for Healthy Youth Development
  www.blueprintsprograms.com
- Communities That Care Prevention Strategies Guide
  www.communitiesthatcare.net
- Washington State Institute for Pub Policy
  www.wsipp.wa.gov
Practices without evidence of effectiveness are more widely used than policies and programs that have been shown to be effective.

(Ringwalt et al. 2009)
The Challenge

• To increase use of tested and effective prevention programs... while recognizing that communities are different from one another and want to decide locally what programs they use.
The Communities That Care Prevention System

Develops community capacity to:

• Build a coalition of diverse stakeholders.
• Assess and prioritize risk, protection, and behavioral health outcomes.
• Address priority risks with tested, effective preventive interventions.
• Sustain high fidelity implementation of preventive interventions to reach all those targeted.
Communities That Care is Proven Effective for Community Wide Prevention

- CTC has been tested in a randomized controlled trial across 7 states.
  (Hawkins et al., 2009; Hawkins et al., 2012)

- CTC’s effects have been independently replicated in a statewide test in Pennsylvania.
  (Feinberg et al., 2007; Feinberg et al., 2010)
The Randomized Trial of Communities That Care

24 incorporated towns
- Matched in pairs within state
- Randomly assigned to CTC or control condition

5-year implementation

Longitudinal panel of students
- 4,407 students
- Surveyed annually starting in Grade 5
Funders & State Collaborators

**Funders**
- National Institute on Drug Abuse
- Center for Substance Abuse Prevention
- National Institute of Mental Health
- National Institute on Alcohol Abuse and Alcoholism
- National Cancer Institute
- National Institute on Child Health and Human Development

**State Collaborators**
- **Colorado** DHS Alcohol & Drug Abuse Division
- **Illinois** DHS Bureau of Substance Abuse Prevention
- **Kansas** Dept. of Social & Rehabilitation Services
- **Maine** DHHS Office of Substance Abuse
- **Oregon** DHS Addictions & Mental Health Division
- **Utah** Division of Substance Use & Mental Health
- **Washington** Division of Behavioral Health & Recovery
CTC Towns: Coalition of Stakeholders

- Received 6 CTC Trainings
- Collected Data on Local Levels of Risk and Protection
- Prioritized Risk Factors to Address
- Implemented Tested Prevention Programs from CTC menu of effective programs
## Number of CTC communities implementing effective programs 2004-2008

<table>
<thead>
<tr>
<th></th>
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<tr>
<td><strong>School-Based</strong></td>
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<td>All Stars Core</td>
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<td>Life Skills Training (LST)</td>
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<td>4*</td>
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<td>Lion’s Quest SFA (LQ-SFA)</td>
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<td>Olweus Bullying Prevention Program</td>
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<td>Towards No Drug Abuse (TNDA)</td>
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<td>Class Action</td>
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<td>Program Development Evaluation Training</td>
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<td><strong>Selective</strong></td>
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<td>Big Brothers/Big Sisters</td>
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<td>Stay SMART</td>
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<td>Tutoring</td>
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<td>Valued Youth</td>
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<td><strong>Family Focused</strong></td>
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<td>Guiding Good Choices</td>
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<td>Parents Who Care</td>
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<td>Family Matters</td>
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<td>Parenting Wisely</td>
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<td>2</td>
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<td><strong>Total number of programs</strong></td>
<td>27</td>
<td>38</td>
<td>37</td>
<td>39</td>
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*Some funded locally

(Fagan et al., 2009)
Numbers exposed to effective programs

<table>
<thead>
<tr>
<th>Program Type</th>
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<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
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<td>School-Based</td>
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<td>3886</td>
<td>5165</td>
<td>5705</td>
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<td>After-school*</td>
<td>546</td>
<td>612</td>
<td>589</td>
<td>448</td>
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<tr>
<td>Family Focused</td>
<td>517</td>
<td>665</td>
<td>476</td>
<td>379</td>
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</table>

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

Note: Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.

(Fagan et al., 2009)
CTC Implementation
Fidelity Monitoring Tools

- Staff training
- CTC benchmarks and milestones
- Fidelity assessment checklists
- Observations of programs
- Attendance documentation
- Pre/post participant surveys
CYDS Results for Prevention Program Implementation

• Achieved high rates of implementation fidelity:
  ~ **Adherence:** implementing the core content and components
  ~ **Delivery of Sessions:** implementing the specified number, length, and frequency of sessions
  ~ **Quality of Delivery:** ensuring that implementers are prepared, enthusiastic, and skilled
  ~ **Participant Responsiveness:** ensuring that participants are engaged and retaining material
Adherence Rates
Averaged across four years

Percentage of material taught or core components achieved
Results of Communities that Care

April ’03
Start of Study

Spring ’06
~ 3 years of CTC
~ 2nd year of programs

Spring ’07
~ 4 years of CTC
~ 3rd year of programs

Spring ’08
~ Completed Year 5 of the study
~ Ended CYDS funding and technical assistance

Spring ’09
No CYDS funding and no technical assistance for 1 year

Youth Outcomes in Grade 7:
~ Lower levels of targeted risk
~ Lower rates of initiation of delinquency

Youth Outcomes in Grade 8:
~ Lower rates of initiation of use of alcohol, cigarettes, smokeless tobacco, and delinquency
~ Lower prevalence of alcohol, binge drinking, smokeless tobacco
~ Fewer delinquent behaviors

Youth Outcomes in Grade 10:
~ Lower rates of initiation of use of alcohol and cigarette, and delinquency
~ Lower prevalence of smoking, delinquency, and violence

Effects of CTC on Initiation of Behavior Problems

In the panel of 4407 youth followed from grade 5, by grade 8 youth in CTC communities were

- 33% less likely to start Smoking Cigarettes
- 32% less likely to start Drinking
- 25% less likely to start engaging in Delinquent Behavior

...than those from control communities.

Hawkins et al. 2009
Benefits of CTC Compared to Costs

### Benefits & Costs Per Youth

- **Smoking**: $812
- **Delinquency**: $4,438

### Benefit - Cost Analysis Per Youth

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<thead>
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<th>Participant</th>
<th>Taxpayer</th>
<th>Other</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Smoking</td>
<td>$671</td>
<td>$140</td>
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<td>$812</td>
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<tr>
<td>Delinquency</td>
<td>--</td>
<td>$2,033</td>
<td>$2,405</td>
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<td><strong>Total Benefits</strong></td>
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<td><strong>$2,173</strong></td>
<td><strong>$2,405</strong></td>
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<td>Costs</td>
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<td><strong>Net Present Benefit</strong></td>
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<td>$4,259</td>
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<td><strong>Benefit-Cost Ratio</strong></td>
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<td>$5.30</td>
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CTC returns $5.30 for every $1.00 invested.

Kuklinski et al. (2012)
CTC Prevention Coalition Sustainability

By 20 months after study support ended:

• 11 of 12 CTC coalitions continued to meet and to conduct community assessment, prevention planning, and intervention.

• 10 of the 11 existing coalitions obtained funding to continue implementing tested, effective programs.

• 7 of the 11 coalitions maintained funding for a paid CTC coordinator.

• CTC coalitions continued to achieve more of the CTC benchmarks than prevention coalitions in control communities.

(Gloppen et al., 2012)
All manuals and materials needed to implement Communities That Care have been placed in the public domain by the Substance Abuse and Mental Health Services Administration and are available for downloading at:

http://www.communitiesthatcare.net
Communities across the US are using the CTC system
Some Examples of CTC in Colorado

• **Build a Generation, Salida**
  Nancy Mallet, Coordinator
  nmallett@chaffeecounty.org

• **North Teller Build a Generation**
  Debbie Upton, Coordinator
  dupton@city-woodlandpark.org

• **Lake County Build a Generation**
  Katie Baldassar, Program Director
  katie@lcbag.org

• **Steps to Success, Montbello**
  Beverly Kingston
  Beverly.Kingston@Colorado.edu
Effective Prevention at Scale is Within Reach

- Risk and protective factors are known
- Efficacious prevention programs are known
- Systems to take prevention to scale with community wide effects are available.

BUT,

- Advocacy and political will are needed to take prevention to scale to improve the well being of all children and adolescents
Opportunities for Social Work Leadership

• CONTRIBUTE TO THE ADOPTION OF SCIENCE BASED POLICY: Advocate for evidence based prevention to enhance childrens’ well being and reduce disparities.

• TRAIN PREVENTION PRACTITIONERS: To lead community prevention efforts and advocate at local, state and national levels.

• CONTRIBUTE TO SCIENTIFIC KNOWLEDGE THROUGH PREVENTIVE INTERVENTION RESEARCH: Rigorously evaluate the effectiveness of interventions in producing desired outcomes.

• CONTRIBUTE TO SCIENTIFIC KNOWLEDGE THROUGH TRANSLATIONAL RESEARCH: Study adaptation, fidelity, scale up and sustainability of efficacious preventive systems and interventions.
Communities That Care
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Thank You!

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